

SNO SPRINGS SCHOOL

Snoqualmie Springs School

25237 SE Iss.-Fall City Rd., Issaquah, WA 98029

425 392-1196 Fax 425 427-9639 jdrovetto@snoqualmieschools.com

Teacher or Child Care Provider Evaluation Form

To the director of: _____

Name of current school or child care provider

My child, _____ has applied for admission to Snoqualmie Springs School Pre-K, Kindergarten, First or Second Grade program for the upcoming school year. I hereby authorize the release of written and or verbal information to include current test scores, report cards, transcripts, observation notes, recommendations and other materials pertinent to my child. Please use the front and back of this form to communicate my child's personal and academic qualities. Your prompt attention to this request is very much appreciated.

Parent Signature: _____ Date: _____

Information received by Snoqualmie Springs School will become part of the student's permanent file and will be available for inspection and review in accordance with the Family Education Rights and Privacy Act of 1974.

Instructions for the teacher/care provider:

Please evaluate this applicant in the following areas in relation to other children of the same age:

	Outstanding	Above Average	Average	Below Average	Comments
Speech/Communication Skills					
Gross & Fine Motor Skills					
Intellectual Curiosity					
Academic Skills					
Creativity					
Motivation					
Leadership Skills					
Confidence					
Positive Attitude					
Ability to Work Independently					
Ability to Work Cooperatively					
Follows Directions First Time					
Listens Attentively					
Peer Relationships					
Concern for Others					
Self-Control in Social Situations					
Self-Control in Classroom					
Accepts Responsibility					
Parental Attitude & Cooperation					

Please use the reverse side for personal comments and your contact information. Thank you.

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Snoqualmie Springs School, 25237 SE Iss.-Fall City Rd., Issaquah, WA 98029, 425 392-1196 jdrovetto@sno springs.com

Please comment upon the applicant's academic and personal strengths.

Please comment upon the applicant's academic and personal weaknesses.

Please comment upon the applicant's learning style.

Please include any additional information that will help our school make an informed decision.

Does the applicant have any limitations / weakness that you believe would hinder his/her success at SnoSprings?
() Yes () No If yes, please specify.

Overall Recommendation: How do you recommend this candidate?

() Without reservation () With some reservation () Do Not Recommend () Suggest Professional Evaluation

Teacher Name: _____ Position: _____

School Name: _____ City: _____

Phone: _____ Email: _____

Please return this form via **Fax 425 427-9639** or scan and **email to: jdrovetto@sno springs.com**
Or return via U.S. mail to SnoSprings School, 25237 SE Issaquah-Fall City Road, Issaquah, WA 98029

Thank you for your assistance.
Joe Drovetto, Chief Administrator